Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90042 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700003685

1. Corporation Name

DAEGOS HOMES INC

	HOWES, INC.								
Principal Place of Business Mailing Address						ł			
% ALMO CATTANI % ALMO CATTANI 1001 NW 127TH PL. 1001 NW 127TH PL. MIAMI FL 33182 MIAMI FL 33182						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
						07/15/1997			····
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For Not Applicable			
21	-	26 Suite And the stee			<u>06-1165631</u>		\$8.75 A		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Certificate of Status Desired		Fee Rec	
City & State		City & State			2	6 Election Campaign Financing		\$5.00 N	
23	7	28				Trust Fund Contribution		Added to	
Zip	Country	Zip				8. This corporation owes the curr	ent year Int	angible	
24	25	29	30			Personal Property Tax.		ŬYes[□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New F	egistered	Agent	
				81	Name				
CATTANI, ALMO				82	Street Add	Iress (P.O. Box Number is Not Accepta	ble)		
1001 NW 127TH PL.									
MIAN	II FL 33182			83					
				84	City	<u></u>	FL	85 Zip C	ode
office or ti	agistered agent, or both, in the State on familiar with, and accept the obligated agent, or printed name of registered agent.	of Florida, Such change was lions of, Section 607.0505, F	authorize Florida Sta	tutes	tne corporati	poration submits this statement for the ion's board of directors. I hereby accepted when reinstating)	t the appoi	ntment as reg	istered
12.	OFFICERS AN		13			ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTOR	RS IN 12
TITLE	DP	☐ DELETE	1.1	TITLE				☐ Change	☐ Addition
NAME	NANDWANI, UTTAM C		1.21	AME					
STREET ADDRESS	CALLE J PRIBANCO, LOS ANGELES CASA L-17		1.3 \$	TREE	TADDRESS				
CITY-ST-ZIP	PANAMA 3 REPUBLIC OF PAN	AMA 💳	1.4 9	CITY-S	T-ZIP				
TITLE	DS	DELETE	2.1	2.1 TITLE				Change	☐ Addition
NAME	NANDWANI, RAM C		2.21	2.2 NAME					
STREET ADDRESS	CALLE J PRIBANCO, LOS ANGELES CASA L-17		2.3 5	2.3 STREET ADDRESS					
CITY-ST-ZIP	PANAMA 3 REPUBLIC OF PANAMA		2.4	2.4 CITY-ST-ZIP					
TITLE	D DELETE		3.11	3.1 TTLE -			-	☐ Change	, Addition
NAME	CHUGANI, MURLI K		3.21	VAME					
STREET ADDRESS	CALLE J PRIBANCO, LOS ANG		3.3	STREE	T ADDRESS				
CITY-ST-ZIP				3.4. CITY-ST-ZIP					
TITLE	DV	☐ DELETE		MLE				☐ Change	☐ Addition
NAME	CATTANI, ALMO		4. 2	NAME	}				
STREET ADDRESS	1001 NW 127TH PL.		4.3	STREE	TADDRESS				
CITY-ST-ZIP	MIAMI FL 33182			CITY-S	T-ZIP	<u> </u>		[7] Ob-222	
TITLE		☐ DELETE	5.1 1	ITTLE				Change	☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of this true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of this true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of this true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of this true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of this true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the corporation or the rece

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-\$T-ZIP

CITY-ST-ZIP

DELETE

305-417-9575

Change

☐ Addition